

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1003

3047

-62-013044

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED MAR 26 1962

Secondary Registration District No.

Registrar's No.

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis

Length of stay in 1b

Yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Alexian Bros. Hosp.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY
OR
TOWN St. Louis

Inside Limits

Yes ☒ No ☐

d. STREET (If outside, give location)

ADDRESS 3228 S. Jefferson

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Edgar D. Nugent

4. DATE OF DEATH

Month

Day

Year

March 20, 1962

5. SEX
Male6. COLOR OR RACE
White7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒8. DATE OF BIRTH
10/12/869. AGE (last birthday)
75IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Cook

10b. KIND OF BUSINESS OR INDUSTRY
Retired11. BIRTHPLACE (City and state or country)
Fulton Co., Ky.12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

John Nugent

13b. MOTHER'S MAIDEN NAME

Margaret Hollis

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Mary Newberry, Crutchfield, Ky.18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Hemorrhage

INTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

ASH D

DUE TO (c)

H C V D

4.43X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

March 12/62 to March 20

and last saw her
him alive on March 19 62

Death occurred at

10A

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

McLaughlin

M D

22b. ADDRESS

40755 Grand

22c. DATE SIGNED

3/20/62

23a. BURIAL, CREMATION, OR
REMOVAL (Specify)

Removal

23b. DATE
3/20/6223c. NAME OF CEMETERY OR CREMATORY
Harmony23d. LOCATION (City, town, or county)
Fulton, Kentucky

24. FUNERAL DIRECTOR

ADDRESS

McLaughlin, 2301 Lafayette,

25. DATE RECD. BY LOCAL REG.

MAR 20 1962

26. REGISTRAR'S SIGNATURE

Road Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

NIENZ
4075 S. GRAND

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James R. Chapman
Licensed Embalmer No. 4550
P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.